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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/824,743	04/15/2004	David Edwin Thurston	065435-9035	7033
	7590 05/15/200 ST & FRIEDRICH LL	EXAMINER		
ONE SOUTH PINCKNEY STREET			EPPERSON, JON D	
P O BOX 1806 MADISON, WI			ART UNIT	PAPER NUMBER
			1639	
			MAIL DATE	DELIVERY MODE
			05/15/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summany	10/824,743	THURSTON ET AL.			
Interview Summary	Examiner	Art Unit			
	Jon D. Epperson	1639			
All participants (applicant, applicant's representative, PTO	personnel):				
(1) <u>Jon D. Epperson</u> .	(3)				
(2) <u>Charlene Yager</u> .	(4)				
Date of Interview: <u>08 May 2008</u> .					
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.				
Claim(s) discussed: <u>N/A</u> .					
Identification of prior art discussed: <u>N/A</u> .					
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)⊠ N	I/A.			
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <i>Applicants stated that the case was abandoned</i> . (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE					
INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	Y DAYS FROM THIS WHICHEVER IS LATER, TO			
	/Jon D. Epperson/ Primary Ex				
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	rea			

Application No.

Applicant(s)